

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10607479

FLING DATE

06-26-83

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9	1					
10		1				
11		1				
12	1					
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		9				
21		9				
22		9				
23		6				
24		9				
25		9				
26		6				
27		9				
28		9				
29		1				
30		1				
31		1				
32						
33						
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42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	95					
TOTAL CLAIMS	101					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						